
APPLICATION DATA SHEET FORM

Inventor Information

Inventor One Given Name:: Richard P.
Family Name:: Schubert
Name Suffix::
Postal Address Line One:: 9 Boyden Road
City:: Medfield
State or Province:: MA
Country:: U.S.A.
Postal or Zip Code:: 02052
City of Residence:: Medfield
State or Province of Residence:: MA
Country of Residence:: US
Citizenship Country:: US

Correspondence Information

Name Line One:: Jamie H. Rose
Name Line Two:: Wolf, Greenfield & Sacks, P.C.
Address Line One:: 600 Atlantic Avenue
City:: Boston
State or Province:: MA
Country:: USA
Postal or Zip Code:: 02210
Telephone One:: (617) 720-3500
Telephone Two:: (617) 646-8393
Fax Number:: (617) 720-2441
Electronic Mail:: jrose@wolfgreenfield.com

Application Information

Title Line One:: MEMORY CELL TESTING
Title Line Two:: FEATURE
Total Drawing Sheets:: 5
Formal Drawings?: No
Claims:: 22
Application Type:: Utility
Docket Number:: A0312.70522US00

Representative Information

Representative Customer Number:: 23628